

COLUMBUS AND WORTHINGTON
ANIMAL BITE REPORT
Phone To: 614-645-7288
(Columbus Health Department)
Fax To: 614-645-7155 (Columbus Health Department)

USE THIS FORM IF: (1) THE
OWNER OF ANIMAL **OR** THE
INCIDENT OCCURRED WITHIN
THE CITY LIMITS OF COLUMBUS
OR WORTHINGTON

DATE OF INJURY: / /

VICTIM (PERSON INJURED)

VICTIM'S NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (HOME): () - (WORK): () -

SEX: MALE - FEMALE AGE: _____

GUARDIAN/PARENT (victim under 18): _____
(address, if different than victim) _____

TYPE OF INJURY (circle): BITE - SCRATCH - BRUISE

TREATMENT: (circle) TOPICAL - PRESCRIPTION - SUTURES (stitches) - GENERAL SURGERY

LOCATION OF INJURY(-IES) ON BODY: _____

TREATING FACILITY: (ADDRESS) _____

(PHONE) _____

ANIMAL

TYPE OF ANIMAL: _____ (DOG, CAT, GUINEA PIG, RACCOON, ETC...)

ANIMAL COLORS AND DESCRIPTION: _____

LOCATION OF ANIMAL (if different than owner's address) _____

NAME: _____ BREED: _____

RABIES TAG NUMBER: _____ DATE RABIES VACCINATION WAS GIVEN: / /

VETERINARIAN: _____

OWNER OF ANIMAL

OWNER'S NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE# (HOME): () - (WORK): () -